



Owner Occupied Rehabilitation & Reconstruction Program (OOR)

APPLICATION PERIOD OCTOBER 1, 2018 – NOVEMBER 9, 2018

CITY OF SAN ANTONIO

Neighborhood and Housing Services Department

1400 S. Flores, San Antonio TX 78204

210-207-6459 or 207-5403

PROGRAM ELIGIBILITY & REQUIREMENTS

Applicant/Property must:

- Property located in San Antonio City Limits
- Property taxes must be current (no back taxes due)
- Property must be solely owned and occupied by applicant(s); No newly constructed units, rental units or duplexes
- Single family household
- Home must be designated a Homestead with the Bexar Co. Appraisal District
- Provide valid picture identification and/or driver's license
- Prior program participants are not eligible
- Must have clear title: no liens or judgments (title search conducted)
- 5 to 20 year Contract required depending on the amount invested to bring home up to code
- Be a US citizen or Legal Resident
- Gross Income must meet HUD 2018 Income Limits established income guidelines which cannot exceed 80% of the Area Median Income (AMI) as follows:

2018 HUD Income Limits

Family Size	1	2	3	4	5	6	7	8
Annual Income	37,450	42,800	48,150	53,450	57,750	62,050	66,300	70,600

APPLICATION CHECKLIST

Complete applications **MUST** contain the following information:

- ☐ Complete, sign & date OOR Application
- ☐ Copy of Warranty Deed (can be obtained at the courthouse for \$9.00)
- ☐ Copy of Property Insurance (if available, not required to apply)
- ☐ Current Picture ID or Driver's License for all occupants over 18
- ☐ Government issued Social Security Card
- ☐ 3 **MONTHS** of current paystubs for all occupants in household
- ☐ Self-employed: provide copy of Income Tax Return for past two years (2016-2017)
- ☐ **Award Letter** from Social Security, Retirement Benefits, Child Support, TANF or any other public assistance, provide current year supporting documentation.
- ☐ 3 **MONTHS** of most current bank statements
- ☐ 2 **MONTHS** of most current SAWS and CPS utility bills
- ☐ Latest Mortgage or home equity loan statement (if applicable)

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Return completed application and all supporting documents to:
Housing Programs Unit, 1400 S. Flores, MONDAY through FRIDAY 8am to 4pm
For questions call (210) 207- 6459 or 207-5403

Program requirement:

- All supporting documentation must be current and submitted with application
- Once accepted into the program: documentation must be maintained within six month period

Attention: The homeowner must meet the eligibility requirements regarding the following: property ownership, income, property taxes, and property insurance. Assistance is provided in the form of a deferred forgivable loan: homeowner makes no payments during the deferment period but must maintain property insurance to cover the loan amount. The selection process for assistance is conducted through a lottery system by City Council District. Participants selected through the lottery are not immediately eligible and all support documentation will be reviewed to further determine eligibility for the program.

Eligible Repairs

- Roof
- Foundation
- Electrical & Plumbing
- Windows & Doors
- Energy Efficiency
- Building Envelopes
- Accessibility Improvements
- Lead Hazard Reduction

Terms of Assistance

- Deferred forgivable loan with terms from 10-20 years. Percentage forgiven annually
- Home vacated or leased during term of loan: full balance is due
- Home transferred through a sale during the term of loan: full balance is due
- \$75,000 is the maximum amount for home rehabilitation
- \$95,000 is the maximum amount for home reconstruction
- Homeowner must maintain taxes and insurance during the contract period
- Insurance must cover the loan amount
- Property value and mortgage balance will be reviewed to determine eligibility

Program funding begins October 1, 2018. **Applications are accepted October 1, 2018 through November 9, 2018.** Application approval is contingent on program allocation approval from U.S. Department of Housing and Urban Development and City Council.

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City of San Antonio
Neighborhood and Housing Services Department
Owner Occupied Rehabilitation and Reconstruction Program
Application

All documents must be attached & No incomplete applications accepted

Applicant Information	
Applicant Name	CO-Applicant
Date of Birth	Date of Birth
Social Security number	Social Security number
Full address & zip code	
Phone #	Alternate #

Applicant #1 List Monthly Income	Applicant #2 List Monthly Income
Employment: \$	Employment: \$
Social Security: \$	Social Security: \$
Retirement: \$	Retirement: \$
VA or Civil Service: \$	VA or Civil Service: \$
Other: \$	Other: \$
TOTAL: \$	TOTAL: \$
Describe: "Other" income and provide the recipient's name, the source of the money, and the monthly amount received i.e. CASH, ALIMONY, CHILD SUPPORT	

LIST CREDIT ACCOUNTS AND MONTHLY EXPENSES. (Attach credit report)

[illegible]

PAYMENT

BALANCE

PAYMENTS CURRENT?

[illegible]

Property Taxes \$ _____ Child Support \$ _____ Prescriptions \$ _____

Home Insurance \$ _____ Child Care \$ _____ Auto Insurance \$ _____

Utilities \$ _____ Tuition/Books \$ _____ Gas/Bus Fare \$ _____

Groceries \$ _____ Medical Bills \$ _____ Health Insurance \$ _____

Real Estate - other than on the property you occupy, do you own other properties YES ☐ NO ☐

Income from Other Real Estate, rental income received on a monthly basis YES ☐ NO ☐ Amount: \$

List accounts for all household members:

Bank Name:	Checking and/or Savings	Balance	\$
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[illegible]

Property Information	
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Name on Lien/Note (if different from applicant name please explain)

Lien/Note Balance: \$

Lien/Note holder (provide latest mortgage statement)
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Any members in the household 62 years of age? YES ☐ NO ☐

Applicant or co-applicant a disabled veteran? YES ☐ NO ☐

Any members in the household handicapped or disabled? YES ☐ NO ☐

Name of disabled person: _____

Any members in the household 62 years of age? YES ☐ NO ☐

Children in the household 5 years old or younger? YES ☐ NO ☐

OR visit the household for 6 hours or more per week? YES ☐ NO ☐

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The information concerning Minority Group Category is requested for statistical purposes so the Agency may determine the degree to which its programs are being utilized by Minority Families and has no bearing on the acceptance of this application. IF SUCH INFORMATION IS NOT PROVIDED, THE AGENCY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF SIGHT AND/OR SURNAME.

RACE:

HISPANIC ☐ AFRICAN AMERICAN ☐ WHITE ☐ AMERICAN INDIAN ☐ ASIAN ☐ OTHER ☐

SEX: MALE ☐ FEMALE ☐ ARE YOU A U.S. CITIZEN: YES ☐ NO ☐

ARE YOU A PERMANENT RESIDENT ALIEN: YES ☐ NO ☐

APPLICANT'S CERTIFICATIONS

The applicant (whether one or more) certifies that all information in the application and all information furnished in support of this application, is given for the purpose of obtaining funds under the CDBG or HOME Program and is true and complete to the best of the applicant's knowledge and belief. The applicant additionally certifies that the applicant is the OWNER AND OCCUPANT of the property to be repaired.

1. _____
APPLICANT'S SIGNATURE

DATE

2. _____
APPLICANT'S SIGNATURE

DATE

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. USC Title 18, Sec. 1001, provides; "Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined.

List all other residents and their income below:

Occupant #1	Answers
Name of Resident	
Age	
Relationship to Applicant	
How long has this person lived with you?	
If less than 12 months, do you anticipate this person will move?	
Social Security Number	
Employer's Name	
Type of Public Assistance (SS, AFDC, TANF, CSA, Etc)	
Occupant #2	Answers
Name of Resident	
Age	
Relationship to Applicant	
How long has this person lived with you?	
If less than 12 months, do you anticipate this person will move?	
Social Security Number	
Employer's Name	
Type of Public Assistance (SS, AFDC, TANF, CSA, Etc)	
Occupant #4	Answers
Name of Resident	
Age	
Relationship to Applicant	
How long has this person lived with you?	
If less than 12 months, do you anticipate this person will move?	
Social Security Number	
Employer's Name	
Type of Public Assistance (SS, AFDC, TANF, CSA, Etc)	
Occupant #5	Answers
Name of Resident	
Age	
Relationship to Applicant	
How long has this person lived with you?	
If less than 12 months, do you anticipate this person will move?	
Social Security Number	
Employer's Name	